

On these days in history...

Bureau of Medicine and Surgery Est. August 31, 1842

Dental Corps Est. August 22, 1912

Medical Service Corps Est. August 4, 1947



#### Inside...

Your skin is the largest organ of your body and it is constantly renewing itself throughout your life. Skin protects us from heat, light, injury, and infection and stores water and fat.

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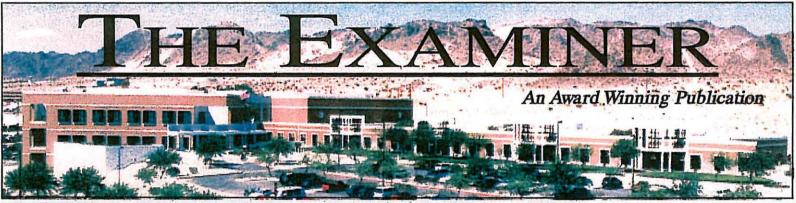
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# Prevention, Treatment For Mononucleosis

Recently, there have been several cases of mononucleosis (Mono) reported aboard the Marine Corps Air Ground Combat Center.

However, there is no need for anyone to become overly concerned as Mono is not a life threatening illness.

In mononucleosis, the virus is passed via the saliva of an infected person. People get this disease by kissing, sharing a straw, glass, or other eating utensil(s).† On occasion, being very close to an infected person when they cough or sneeze can also increase the risk of contraction. The incubation period is 4 to 7 weeks and the symptoms are:

- \* Sore throat
- \* Headaches
- \* White patches on the back of the throat
- \* Swollen glands in the neck
- \* Tiredness
- \* Lack of hunger

In the event you contract mono, The American Academy of Family Physicians suggests the following:

- \* Rest, and lots of it
- \* Drink lots of fluids
- \* Gargling , lozenges, or popsicles for sore throat
- \* Acetaminophen for the fever (not aspirin)
- \* No sports or exercise unless cleared by your doctor Preventive recommendations:
- \* Wash hands thoroughly and often
- \* Avoid the sharing of eating or drinking utensils
- \* Wash objects that have been contaminated with saliva

For questions regarding this or other community health related issues, please contact Preventive Medicine at 830-2236 or 830-2474.

#### TriWest Resource Center Provides Online Support to Guard, Reserve

riWest Healthcare Alliance recently announced the launch of an online Guard and Reserve Resource Center, designed specifically for members of the National Guard and Reserve.

Due to their often-times distant proximity to military bases, many

Guard and Reservist and their families are not able to access the resources and support networks built into an active duty military community. For that reason, TriWest's Guard and Reserve Resource Center (found on triwest.com) was developed with a virtual library of information for West Region TRICARE beneficiaries serving in the National Guard and Reserve, their families and leadership.

"We understand the unique challenges faced by members of the Guard and Reserve and their families," said TriWest President and CEO David J. McIntyre, Jr. "Just trying to understand how TRICARE works or what to do throughout the stages of mobilization, deployment and reintegration can be challenging, especially if you don't know where to go for answers, or even what questions to ask."

The portal offers the following resources for members of the Guard and Reserve and their families:

- \* Streaming video outlining TRICARE benefits for Guard and Reserve members
- \* Guard and Reserve-specific news and updates, including TRI-CARE On Point, a quarterly e-newsletter
- \* Post-deployment support and behavioral health resources for the entire family
- \* Links to more than 80 support agencies and programs
- \* Resources for military leadership

"Our nation's citizen warriors have been required to play a crucial role in the nation's defense,"

McIntyre added. "Creating a convenient resource that's accessible whenever they need it is another way TriWest can support these brave men and women and their families."

Here's To Your Health...

## Information About Skin Cancer and Sun Screen

By Martha Hunt, MA Health Promotions Coordinator Robert E. Bush Naval Hospital

our skin is the largest organ of your body and it is constantly renewing itself throughout your life. Skin protects us from heat, light, injury, and infection and stores water and fat. It keeps itself moist and intact to the best of its ability but sun, heat, dryness and chemical exposure works against your skin to damage it and dry it out. We need some exposure to sunlight for Vitamin D production, however, over exposure to the sun leads to skin cancer, premature aging of the skin and wrinkling. Also, over age 50 our skin doesn't make as much vitamin D as it used to, putting us at risk for vitamin D deficiency.

Skin cancer is the most common form of cancer with over one million Americans every year being diagnosed with skin cancer and almost 10,000 dying from it. Half of all Americans who live to age 65 will be diagnosed with some form of skin cancer. UV A and B radiation from the sun is the leading cause of skin cancer, however UV C radiation from sun lamps and tanning booths also cause skin cancer. Cases of skin cancers are more likely to occur where there is brighter and stronger sunlight such as nearer the equator or at high altitudes. In other words, here in the high desert!

Ninety percent of all skin cancers develop on the face, neck and arms where sun exposure is the greatest. Those individuals at highest risk for skin cancer are those who have light skin, hair and eyes, a family history of skin cancer, chronic exposure to the sun, a history of bad sunburns early in life, or have lots of moles or freckles. However, everyone is at risk of skin cancer, no matter how dark ones' skin or hair.

Skin cancer growths occur when normally dividing skin cells begin to grow abnormally. UV rays damage the DNA of skin cells and causes them to reproduce abnormally. Once a

cells' DNA is damaged, the damage is permanent and is replicated over and over until an abnormal patch of cells is seen on the surface of the skin. There are over 100 different types of skin cancer, depending on what layer of the skin they are found and what types of skin cells are affected.

#### What to look for

- \* Patches of skin that tend to bleed or ooze,
- \* open sores that don't heal,
- \* patches that have an irregular shape or edges to them,
- \* patches that have varied colors in their pigmentation,
- \* growths larger than the width of a pencil eraser,
- \* patches that have a scaly, crusty or bumpy appearance to the surface of them, or
- \* growths that itch or are tender and painful.

Sun screen works by blocking out some, but not all, of the UV A and B rays. Sun screen does not protect against UV C radiation. The higher the SPF value, the greater the protection from burning. Use a sun screen that blocks both UV A and UV B radiation as they both cause skin cancer and burning. UV A rays cause damage deep into the skin while UV B rays damage the surface layers. Exposure to UV A and UV B radiation has also been associated with non-Hodgkin's Lymphoma and with eye cancers, specifically on the cornea and the conjunctiva (the white part).

If you will be in the sun more than 15 minutes, wear sun screen with an SPF value of 20 or greater. Older adults should always use a sun screen with an SPF of 30 or higher. Apply sun screen at least 30 minutes before going out into the sun and reapply every two to three hours.

Since sun screen alone is not 100 percent effective against the damage produced by UV rays, take other protective measures as well. When outdoors in the sun, wear hats, sunglasses, light colored, loose fitting clothing, full length pants and socks to reflect the heat and allow your skin to breathe. Check all areas of your skin surfaces regularly for any changes. If you can't see Drink plenty of water and other replenishing liquids (not alcohol or caffeine) to help your skin sweat and cool itself. Avoid the sun between 10 a.m. and 3

...Drink plenty of water and other replenishing liquids (not alcohol or caffeine) to help your skin sweat and cool itself...

a certain area of your skin, use mirrors or get a friend to check for you. Call your doctor if you have patches of skin or growths on your skin that bleed or change shape or color. If you have a family history of skin cancer, alert your doctor and watch your skin carefully for changes.

p.m. whenever possible as the suns rays are the most damaging. You can burn even on a cloudy day as 80 percent of the sun's rays still penetrate through clouds.

Teach your kids early about the dangers of the sun as most skin damage occurs before the age of 20. Never use sun screen on infants less than six months of age as the chemicals in sun block are absorbed directly into their body and may irritate their skin. Rather keep them out of direct sun.

Damage from the sun is cumulative over your life span and builds up over time. The DNA damage you received from that sun burn when you were a teen is still with you and will never go away. The best protection from skin cancer is to avoid direct exposure of your skin to the sun. When that is not possible, use sun screen to help reduce the absorption of UV rays and the DNA damage that results. You only have one skin, wear it well.

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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#### TRICARE Offers Resources, Treatment for Alcohol Abuse

Brian P. Smith TriWest Healthcare Alliance

Don't Be "That Guy"
As part of a proactive outreach campaign, the Department of Defense launched "That Guy," a multimedia campaign with the goal of reducing excessive drinking among Service men and women, with a campaign reminder, "Don't be ...that guy...(or gal)!"

Although "that guy" is the butt of many jokes, the affects of alcohol... particularly prolonged abuse... can have a significant impact on the health and wellbeing of Service members and those who love them.

In fact, more than 16,000 active duty Service members volunteered to complete a Pentagon survey with results released earlier this year, showing that 44.5 percent of respondents participated in

"binge drinking," up from 41.8 percent in 2002.

Results also indicate higher rates of heavy alcohol, cigarette and illicit drug use among those deployed from 2002 to 2005 than those who did not deploy. The survey was the ninth in a

...more than 16,000 active duty Service members volunteered to complete a Pentagon survey with results released earlier this year, showing that 44.5 percent of respondents participated in "binge drinking," up from 41.8 percent in 2002....

> series of similar surveys administered by the Pentagon about health-related behaviors of

active duty military.

"Alcohol abuse is common among Service members returning from combat duty who try to self-medicate in hopes of relieving such symptoms as difficulty sleeping, irritability or anxiety all common side effects of com-

bat stress. But if left untreated, their problems can get significantly worse," cautions Dr. Blake Chaffee, vice president of Integrated Health Care Services for TriWest Healthcare Alliance. TriWest manages access to TRICARE services and providers throughout TRICARE's 21-state West Region.

Help is Always Available Regardless of the reason for alcohol abuse, help is always available. TRICARE-eligible Service members

and their dependents are eligible to receive care at Military Treatment Facilities (MTFs) and TRICARE-network behavioral health providers. In fact, eligible family members may attend up to eight behavioral health outpatient visits each fiscal year (October 1 — September 30)

without a referral.

A printable brochure with an overview of TRICARE-covered behavioral health care benefits and treatment options is available online at www.triwest.com. Select "Beneficiary Services" then click on "Handbooks, Brochures and Flyers," and select TRICARE Behavioral Health Care Services from the drop-down menu.

TriWest also offers a
Behavioral Health Portal at
www.triwest.com, with an interactive map of resources by state,
a variety of self-help options
and answers to frequently asked
questions. To access the portal
from www.triwest.com, select
"Behavioral Health" from the
left navigation menu.

TriWest's Behavioral Health Crisis Line is also staffed by clinicians 24 hours a day, 7 days a week, at 1-866-284-3743. Family members are invited to use these resources as well if they feel there might be a problem. But, remember, if there is an emergency, always call 911.

Other resources:

- \* TRICARE (www.tricare.mil)
- \* Military OneSource (www.militaryonesource.com)
- \* National Council on Alcoholism and Drug Dependence (www.ncadd.org)
- \* U.S. Department of Health and Human Services (ncadi.samhsa.gov)



## Super Stars



Philip Breault, Information Management Department, receives a Five Year Federal Service Award.



HM2 Andrea Emery, Emergency Medicine Department receives a Flag Letter of Commendation.



HM2 Billy Busby, Physical Therapy, receives a Letter of Appreciation.

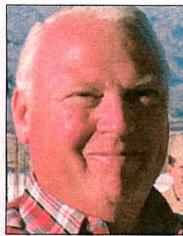


Cmdr. Kathleen Hewitt, Staff Nurse Midwife, OB/GYN, receives a Navy and Marine Corps Commendation Medal.

HM3 Dominique Martin-Rothman, Obstetrics, receives a Letter of Appreciation.



HM2 Jerry Hughes, Bio Medical Repair, receives a Navy and Marine Corps Commendation Medal.



Robert 'Bob' Knight, Health Care Operations, receives a 15-Year Federal Service Award.





Lt. Esther Newton, Obstetrics, receives a Letter of Appreciation.



Lt. Cmdr. Martin O'Connor, PACU/Recovery, receives a Navy and Marine Corps Achievement Medal.



HM3 Dorian Rodriguez, Outpatient Administration, receives a Flag Letter of Commendation.



Lt. Cmdr. Frances Slonski, Surgical Services, receives a Navy and Marine Corps Achievement Medal.



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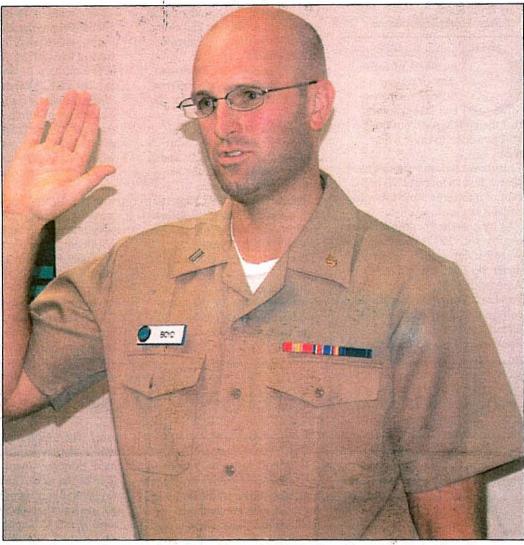
Invitations and more!



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HM3 Dominique Martin-Rothman, Obstetrics, above, takes the oath at her recent reenlistment ceremony.

Charles to State



Lt. Cmdr. James Boyd, Orthopedics, above, takes the oath at his recent promotion ceremony.

HM2 Christopher White, Manpower Department, left, receives a Flag Letter of Commendation.

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## TRICARE Coverage Follows College-bound Students

By Brian Smith TriWest Healthcare Alliance

ollege-bound family members of active duty or retired Service members can take comfort that their TRICARE coverage will make the journey with them.

Insurance industry studies have shown that as much as 10 percent of uninsured Americans are college students.

As long as the sponsor remains eligible for TRICARE benefits — active duty, retired or eligible under the Transitional Assistance Management Program (TAMP) — the eligible college-aged dependent will remain covered until age 21. Benefits will extend until the

student is 23 if he or she remains a full-time student at an accredited institution and over half of their financial support comes from the sponsor. Eligible dependents moving to another state or even a different TRICARE region will have coverage.

A key for maintaining TRI-CARE eligibility is to ensure that the student's address, status and personal information is updated in the Defense Enrollment Eligibility Reporting System (DEERS). If the information — including any change in address — is not updated, claims may be delayed or even denied.

Coverage ends when the student either turns 23, graduates or otherwise ceases to be a fulltime student, whichever occurs TRICARE Programs

The choice of TRICARE programs (Prime, Standard or Extra) will depend on where the student lives. If the student lives near a military treatment facility in what TRICARE designates a Prime Service Area (PSA), they may enroll in Prime. Prime coverage is also portable, following the student during travels or when returning home. To avoid out-of-pocket costs, non-emergency care must be coordinated with the student's primary care manager and regional contractor where they are enrolled.

Split enrollment allows the student with Prime coverage to live in a different TRICARE region than their sponsor. If an annual fee is due, it is due to the TRI-CARE regional contractor where the sponsor resides. One fee is paid per family, even if the TRICARE-eligible college dependent lives in another region. The student then coordinates care with a primary care manager where they are located.

Outside a PSA, TRICARE Standard and Extra are the only options. Standard and Extra coverage does not require enrollment, but the information in DEERS must be up-to-date.

Students who were previously enrolled in Prime Remote for Active Duty Family Members (TPRADFM) can transfer their Prime coverage if the college is in a PSA. In non-PSAs, Standard and Extra are available so you should disenroll from TPRADFM to avoid Point of Service charges.

TRICARE-eligible students may enroll for dental coverage, too, but it's separate from other TRICARE benefits. Depending

on the sponsor's status, the TRI-CARE Dental Program or the TRICARE Retiree Dental Program is available for the student.

Students can get prescriptions through the TRICARE retail pharmacy network or from a local military treatment facility.

Helpful Web addresses

- \* TRICARE benefits for college students (www.tricare.mil/collegestudents)
- \* Find a local uniformed services identification card-issuing facility (www.dmdc.osd.mil/rsl)
- \* DEERS information (www.tricare.mil/deers)
- \* Dental programs (www.tricaredentalprogram.com)
- \* Pharmacy programs (www.tricare.mil/pharmacy)
- \* TriWest Healthcare Alliance (www.triwest.com)

dollar chain because his father

passed it on to him, but he did-

n't want it. His belief is that ice

cream isn't good for you. He is

in to natural foods. And he had

some health issues. It is inter-

started it, and would have

## Learning to Make Healthy Lifestyle Choices

By Lt. Terry Moran Robert E. Bush Naval Hospital Chaplain

s you know I have been reporting back to you each month on the responses I have received from individuals from this command on the Chaplain Services Survey Sheets. I have

indicated Prayer at the flagpole for those who are deployed received the highest response. Then second was this monthly newsletter article from the Chaplain. The third highest was for the chaplain to visit with patients/persons in the waiting

area. The fourth highest was to read a daily note of encouragement from the Chaplain in the Plan of the day. The fifth highest favorable response was if a person has an issue that they need to talk to someone about, they go to the Chaplain.

Last month I talked about offering a Marriage Enrichment Training at this command because that was the next highest on the list at number six. We did have the Marriage Enrichment Training. There were four couples who came to that. We had a great time. Now we go on to the next item that had the next highest favorable responses, and that brings us to the Healthy Lifestyle Choices Training. That is the training from the Chaplain's toolbag that scored seventh highest.

You are probably wondering what that is about. Let me tell you. If you are sick and tired of being sick and tired, then this

course is for you. This training is about taking a look at our food choices and the impact they may have on our body, our mind, and our spirit.

The primary audience is anyone interested in health,
Marines, Sailors, officers,
chiefs, and enlisted. You will
hear me share human interest
stories. I tell my testimony as to
how I got interested in this topic
in the first place. Then we
touch on the story of John
Robbins. Have you ever heard
of Baskin and Robbins ice
cream? John Robbins would
have inherited that multi-million

choices to get people talking.

Training oolbag that st.

Market to get people talking.

Also with this training you will learn How to take charge of Your Health. You will also learn lifestyle factors that will help you live a longer

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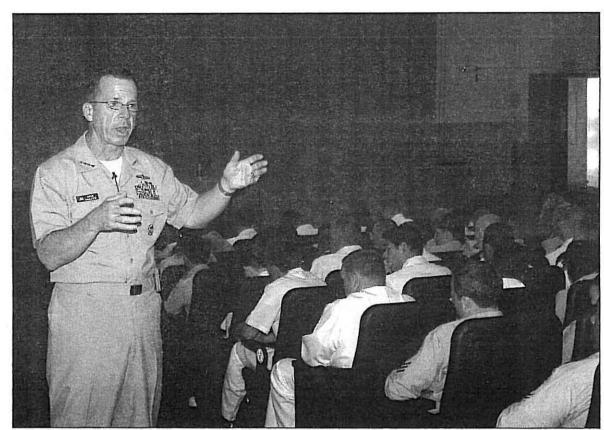
Health ...

lifestyle factors that will help you live a longer life. I will share simple tips on how to lose weight. Did you know that the

nine leading causes of death are related to lifestyle choices? Sometimes we aren't aware of that unless someone stops us and helps us become aware of that. We will also discuss how even small dietary changes can have a profound healing influence.

The next training will be offered sometime in September. The next step is to get it scheduled, and put it in the calendar. If you or someone you know would like to more information, please contact the Chaplain's office at 830-2429. Thank you. Take Care and God Bless.





Chief of Naval Operations (CNO) Mike Mullen holds an all hands call with Sailors assigned to Naval Base San Diego. U.S. Navy photo by Mass Communication Specialist 2nd Class Jenniffer Rivera

### CNO Outlines Navy Operations at Sea and Ashore

By Mass Communication Specialist 2nd Class Tim Wightman Navy Region Southwest Public Affairs

SAN DIEGO (NNS) - Chief of Naval Operations Adm. Mike Mullen stressed the critical role San Diego and the Pacific Fleet play in sustaining fleet readiness and the Navy's expanded role in the Middle East during a breakfast meeting in San Diego on July 19.

"We need to make sure that we sustain the readiness that we have so that we can push somebody like a USS Ronald Reagan and that combat strike group pretty quickly," Mullen said.

"We will always need that high-end capability, not just because of concerns in the Middle East; we have a vital basin in the Pacific, and stability in the Western Pacific is obviously really key."

Mullen pointed to the additions of more submarines and the arrival of USS Carl Vinson (CVN 70) to San Diego, along with the replacement of USS Kitty Hawk (CV 63) with USS George Washington (CVN 73) in Japan next summer as evidence of the growing role of the Pacific.

"The Pacific region, for the long term, is not just a growing,

but a vital, vital region," he said. A different kind of expansion is occurring in the way the Navy is helping the ground forces

fight the war in Iraq.

Concerned about the amount of stress placed on the other forces with their combat rotations, Mullen said he was anxious, upon taking over as CNO, to try to relieve as much pressure on the ground as he possibly could.

He pointed to the Army's current one and one deployment rotations, saying that often times, the Soldiers are out for a year but come back for less than a year. He also cited the Marine Corps rotations of seven months out, seven months back.

"We needed to relieve that pressure as much as possible," Mullen said. "I've believed for a long time; we just can't, as a Navy, stay a thousand miles at sea and watch all this happen. We have too much talent.'

Mullen said there are currently around 61,000 Sailors deployed right now around the world, about half of them serving in the United States Central Command, (CENTCOM, which

accounts for 27 countries that stretch from the Horn of Africa to Afghanistan) and half of that number are serving ashore.

"Of those 13,000 Sailors that are on the ground in CENT-COM right now, about 5,000 of those are in Iraq; and they run the full gamut from the Seabees up in Anbar who are out west and have been side by side with the Marines, and our doctors, nurses and corpsmen who have just performed miracle after miracle," Mullen said.

Along with the importance Mullen places on the Navy's expanded warfighting role is the importance he places on care of the wounded. He quoted Secretary of Defense Robert Gates when talking about two critical tasks of the Navy in fighting the war.

"Secretary Gates has been very clear; he said the most important thing we can do right now is to get the right people to the fight. The second most important thing we can do is make sure we take care of those who are injured in that fight," Mullen said

Mullen pointed to the efforts of Naval Medical Center San Diego (NMCSD) in taking care of wounded warriors, and he recognized and thanked the

commander of the medical center, Rear Adm. Christine Hunter for the job that she and her staff has done.

"I spent some time yesterday at Balboa. The evolution of care, which is occurring literally right in front of our eyes, is stunning," he said. "They are taking care of about 90 wounded warriors there - several of them amputees ... and the community outpouring of support to them, whether it's recreation or how we help them find jobs, or how we connect them with the VA is really breathtaking. I couldn't be prouder of what you and your people are doing."

In his remarks, Mullen also discussed the value he places on strong leadership and diversity in the Navy; the critical importance of the Navy's missiledefense capability for the future, pointing to the San Diego-based USS Decatur's (DDG 73) recent successful work in that area; and also the successes and challenges of the individual augmentee (IA) program.

Among those challenges, he said, are those faced by spouses of IAs who find themselves without a support network to share their experience

"It has been a struggle for us as a Navy to take care of these spouses," Mullen said. "We have to do a better job connecting them (with each other) in their common experience. Once they are connected, it just sort of

takes care of itself.

"Just setting programs up is not enough; we have to actively make sure they're okay."

Mullen mentioned a discussion he had with Commander, Navy Region Southwest Rear Adm. Len Hering, just prior to his address, about the issues San Diego military personnel face with the high cost of living in the area.

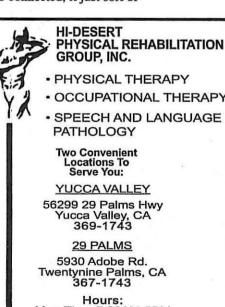
"I've been around California housing prices my whole life. We have to be able to somehow foster an environment in which our young people can come here and afford to live and be able to carry out the kinds of missions that we are asking them to do," Mullen said.

"Innovative ideas on how we can do that in the future are more than welcome."

In closing, Mullen thanked the local businesses, community volunteers and people who "care about San Diego, and about the Navy and our people."

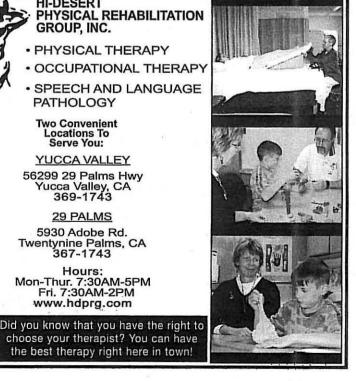
"I know there are many here that care greatly about what we do as a Navy and what the San Diego city and area means to us," he said. "And I know you've worked for years to make sure this relationship thrives.

"We need that kind of support. We need it here and we need it wherever we are."



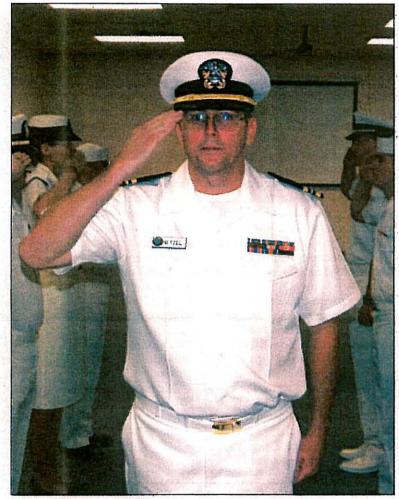
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# Super Stars

Fair Winds and Following Seas...



Lt. Commander Paul Netzel, Department Head, Radiology Department, departs the command upon his retirement from active duty.

